

## KENTUCKY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

P.O. Box 1360  
Frankfort, KY 40602  
(502) 564-3296

**For Office Use Only**

Fee: \$125.00

Late Renewal: \$160.00

License #:

**TEMPORARY LICENSE EXTENSION APPLICATION**

A temporary license is granted for a maximum of FIVE (5) consecutive licensure years from the date of issue, including any reinstatements that may have occurred during that timeframe (i.e. A temporary license issued on July 1, 2012 will terminate no later than July 1, 2017). Individuals who initially applied as Deaf or Hard of Hearing, working towards becoming a CDI, may hold temporary licensure for a maximum of TEN (10) consecutive licensure years from the date of initial issuance.

**Temporary licenses expire on July 1 each year. In accordance with KRS Chapter 309 and regulations governing this profession, you are required to request an extension of your temporary license every year by submitting:**

1. Temporary License Extension Application form,
2. 18 hours of continuing education (to be documented on page 3 of this form),
3. A letter from your mentor recommending your extension,
4. A new Plan of Supervision form, and
5. The renewal fee of \$125 (non-refundable), made payable to the **Kentucky State Treasurer. (DO NOT SEND CASH).**
6. Return completed forms with the appropriate fee to the address above by the **deadline date of July 1.**
  - a. **LATE FEES:** The fee for applications received during the 60-day grace period (postmarked between July 2 and August 31) is \$35.00 (non-refundable). The licensee may continue to work during this grace period.
  - b. Licenses not renewed by August 31 will terminate and you must immediately **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing in the Commonwealth.

**No exceptions shall be made. Incomplete forms will be returned.**

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**COMPLETE THE FOLLOWING: (Please print or type)**

1. \_\_\_\_\_  
NAME: LAST FIRST MIDDLE
2. \_\_\_\_\_  
SOCIAL SECURITY NUMBER
3. \_\_\_\_\_  
TEMPORARY LICENSE NUMBER
4. \_\_\_\_\_  
HOME ADDRESS: Street or PO Box  
\_\_\_\_\_  
City State Zip County
5. \_\_\_\_\_  
WORK ADDRESS: Business Name Street or PO Box  
\_\_\_\_\_  
City State Zip
6. \_\_\_\_\_  
TELEPHONE NUMBER(S): WORK HOME CELL
7. \_\_\_\_\_  
E-MAIL ADDRESS FAX

☐ Check if any of the above is a change of information since previous application/extension.

8. Date of initial issuance of temporary license: \_\_\_\_\_

9. Did you initially apply as a Deaf or Hard of Hearing individual? ☐ Yes ☐ No

- A temporary license is granted for a maximum of **FIVE (5) consecutive licensure years** from the date of issue, including any reinstatements that may have occurred during that timeframe. (i.e. A temporary license issued on July 1, 2012 will terminate no later than July 1, 2017). Individuals who initially applied as Deaf or Hard of Hearing, working towards becoming a CDI, may hold temporary licensure for a maximum of TEN (10) consecutive licensure years from the date of initial issuance.
- An application for extension and appropriate fees must be sent in each year.
- At the end of that timeframe, there are no more extensions or reinstatements.

Note: "Licensure year" means the period between July 1st of each year and June 30th of the following year or the time from which a license or temporary license was granted until the next June 30th.

10. EDUCATION: Did you graduate from an Interpreter Training Program and receive a degree?

☐ Yes ☐ No (If yes, check one): B.A. \_\_\_\_\_ A.A. \_\_\_\_\_

11. List any and all degrees obtained, whether an ITP or non-ITP degree.

POST SECONDARY INSTITUTION	DEGREE	COMPLETION DATE	MAJOR

12. Have you been convicted of a felony or misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude since the last extension of your license?

☐ Yes ☐ No

If yes, what offense and give details:

\_\_\_\_\_  
(Send supporting documentation)

13. Has your License to be a licensed interpreter or any other professional credential in Kentucky or any other state been subject to disciplinary action?

☐ Yes ☐ No

If yes, give details:

\_\_\_\_\_  
(Send supporting documentation)

14. Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting?

☐ Yes ☐ No

If yes, give details:

\_\_\_\_\_  
(Send supporting documentation)

15. Have you ever been found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held?

☐ Yes ☐ No

If yes, give details:

\_\_\_\_\_  
(Send supporting documentation)

**16. CONTINUING EDUCATION (include the following):**

- A. Complete date(s) (mm/dd/yyyy)
- B. Clock Hours obtained
- C. Do not attach documentation of attendance unless you are audited. However, it is your responsibility to maintain all documentation of attendance.
- D. If the continuing education activity required Board approval, attach a copy.

*Requirements for continuing education are outlined in 201 KAR 39:090, including those requiring prior Board approval. Eighteen (18) clock hours, 3 in ethics, are required.*

**Incomplete forms will be returned**

Workshop/Training/Course Name	Dates Attended mm/dd/yr	CE Hours Earned	Sponsoring Organization	Prior Board Approval was obtained? Yes/No
Ethics (3 hours required): List Ethics hours below this line:				

**CERTIFICATION AFFIDAVIT**

I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief.

I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Interpreters for the Deaf and Hard of Hearing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Sign your name - Do not print or type) mm/dd/yyyy

Mentor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Sign your name - Do not print or type) mm/dd/yyyy

**Do Not Write Below This Line--For Board and Office Use Only**

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**AUDIT REVIEW - FOR BOARD MEMBER USE ONLY**

Application: Approved [ ☐ ] Denied: [ ☐ ] By: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date \_\_\_\_\_

Resubmitted: Approved [ ☐ ] Denied: [ ☐ ] By: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date \_\_\_\_\_

Comments: \_\_\_\_\_